



# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV.  
If waste is NOT asbestos waste, complete only Sections I, II and III.

No. 403410

## Section I

### GENERATOR (Generator completes all of Section I)

a. Generator Name: USEPA Region 2 b. Generating Location: USEPA Region 2  
c. Address: 2890 Woodbridge Ave., Bldg 209 d. Address: 21 Isabelle Street  
Edison, NJ 08837 Buffalo, NY 14207  
e. Phone No.: 732-321-4459 f. Phone No.: \_\_\_\_\_

If owner of the generating facility differs from the generator, provide:

g. Owner's Name: Kevin M. Matheis h. Owner's Phone No.: \_\_\_\_\_

i. BFI WASTE CODE: 

		L	0	7	Y	6	6	7	7	9
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 Containers: 

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 TYPE: 

DM	-	METAL DRUM
DP	-	PLASTIC DRUM
B	-	BAG
BA	-	6 MIL. PLASTIC BAG
	-	or WRAP
T	-	TRUCK
O	-	OTHER

j. Description of Waste: \_\_\_\_\_ k. Quantity: 

0	0	0	4	0
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 Units: 

Y
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 No.: 

0	1
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 TYPE: 

0
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RQ Asbestos, 9 NA2212, PGIII, Pipe Wmp

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

Kevin M. Matheis Kevin M. Matheis

0	6	1	9	0	6
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Generator Authorized Agent Name Signature Shipment Date

## Section II

### TRANSPORTER (Generator completes a-d; Transporter I completes e-g; Transporter II completes h-n)

a. Name: BFI of North America, Inc. h. Name: \_\_\_\_\_  
b. Address: 2321 Kenmore Avenue i. Address: \_\_\_\_\_  
Kenmore, NY 14217  
c. Driver Name/Title: Tony Sines j. Driver Name/Title: \_\_\_\_\_  
d. Phone No.: 716-614-3333 e. Truck No.: 3024 k. Phone No.: \_\_\_\_\_  
f. Vehicle License No./State: 29385 JW l. Truck No.: \_\_\_\_\_  
g. Tony Sines

0	6	1	9	0	6
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Driver Signature Shipment Date

Acknowledgement of Receipt of Materials. m. Vehicle License No./State: \_\_\_\_\_  
n. \_\_\_\_\_  
Acknowledgement of Receipt of Materials.

Tony Sines

0	6	1	9	0	6
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Driver Signature Shipment Date

## Section III

### DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: BFIWSNA Niagara Landfill c. Phone No.: 716-285-3345  
b. Physical Address: 56<sup>th</sup> and Pine Avenue d. Mailing Address: \_\_\_\_\_  
Niagara Falls, NY 14304

e. Discrepancy Indication Space: \_\_\_\_\_

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

PAM SCOTT Pam Scott

0	6	1	9	0	6
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Name of Authorized Agent Signature Receipt Date

## Section IV

### ASBESTOS (Generator completes a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: USEPA Region 2 b. Operator's\* Phone No.: 732-321-4459  
c. Operator's\* Address: 2890 Woodbridge Ave., Bldg 209, Edison, NJ 08837

d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.

e. Operator's Name & Title: Kevin Matheis OSC Kevin M. Matheis

0	6	1	9	0	6
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371593



a. Generator Name: USEPA Region 2  
b. Generating Location: USEPA Region 2  
c. Address: 2890 Woodbridge Ave., Bldg 209  
d. Address: 21 Isabelle Street  
Edison, NJ 08837 Buffalo, NY 14207  
e. Phone No.: 732-321-4459  
f. Phone No.:

If owner of the generating facility differs from the generator, provide:  
g. Owner's Name: Kevin M. Matheis  
h. Owner's Phone No.:

i. BFI WASTE CODE: 107Y66779  
j. Description of Waste: RQ Asbestos, 9, NA2212, PGIII, Pipe Wrap  
k. Quantity: 00040 Units: Y No. 01 TYPE: 0  
Containers: TYPE: DM - METAL DRUM, DP - PLASTIC DRUM, B - BAG, BA - 6 MIL. PLASTIC BAG or WRAP, T - TRUCK, O - OTHER  
UNITS: P - POUNDS, Y - YARDS, M<sup>3</sup> - CUBIC METERS, Y<sup>3</sup> - CUBIC YARDS, O - OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.  
Kevin M. Matheis (Signature) 061906 (Shipment Date)  
Generator Authorized Agent Name Signature Shipment Date

Section II TRANSPORTER (Generator completes a-d; Transporter I completes e-g; Transporter II completes h-n)

TRANSPORTER I  
a. Name: BFI of North America, Inc.  
b. Address: 2321 Kenmore Avenue  
Kenmore, NY 14217  
c. Driver Name/Title: Tony Sines  
d. Phone No.: 716-614-3333  
e. Truck No.: 3024  
f. Vehicle License No./State: 29385 JW  
Acknowledgement of Receipt of Materials.  
g. Tony Sines (Signature) 061906 (Shipment Date)  
Driver Signature Shipment Date

TRANSPORTER II  
h. Name:  
i. Address:  
j. Driver Name/Title:  
k. Phone No.:  
l. Truck No.:  
m. Vehicle License No./State:  
Acknowledgement of Receipt of Materials.  
n. (Signature) (Shipment Date)  
Driver Signature Shipment Date

Section III DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: BFIWSNA Niagara Landfill  
b. Physical Address: 56th and Pine Avenue  
Niagara Falls, NY 14304  
c. Phone No.: 716-285-3345  
d. Mailing Address:  
e. Discrepancy Indication Space:

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

PAM SCOTT (Signature) 061906 (Receipt Date)  
Name of Authorized Agent Signature Receipt Date

Section IV ASBESTOS (Generator completes a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: USEPA Region 2  
b. Operator's\* Phone No.: 732-321-4459  
c. Operator's\* Address: 2890 Woodbridge Ave., Bldg 209, Edison, NJ 08837  
d. Special Handling Instructions and additional information:

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.

e. Operator's Name & Title: Kevin Matheis OSC (Signature) 061906 (Date)  
Name and Address of Responsible Agency: U.S.E.P.A. Region II, 25 Federal Plaza, New York, NY 10278-10007-1866  
290 Broadway

g. ☐ Friable; ☐ Non-friable; ☐ Both 100% friable 0% non-friable  
\*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.  
REORDER ONLY THROUGH STANDARD REGISTER RETURN TO GENERATOR 1205-720B 3/c